

SECURITY CHECKLIST - SUPPORT POSITIONS

Applicant Name: _____

_____ **SF-86/86A**, -- Security Questionnaire (Original and 2 copies)

_____ **OF-306** -- Declaration of Federal Employment

_____ **OF-612**, Resume, or other Employment Application form.

_____ **DOJ-555** -- Disclosure and Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act

_____ **SF-87A** -- Fingerprint Cards (3 cards)

_____ **Certification for Non-Sensitive Position** (if applicable)

_____ **OFI-36** -- Single Scope, Additional Data for Single Scope BIs and Other BIs (if applicable)
Submit two copies

_____ **Foreign Born Relative or Associates Statement** (if applicable)

Please attach this checklist to your completed security forms then contact the Human Resources specialist to schedule you for fingerprinting and to return your completed security package. If you reside out of the local area, please contact the HR specialist in order to obtain the fingerprint cards in a separate mailing.

**U.S. ATTORNEY'S OFFICE
SOUTHERN DISTRICT OF NEW YORK**

PLEASE READ AND CAREFULLY FOLLOW THESE INSTRUCTIONS WHEN COMPLETING THE SF-86.

Note that the SF-86 is very complicated and that the instructions printed on the form ARE NOT COMPLETE. PLEASE CAREFULLY READ AND FOLLOW THESE ADDITIONAL INSTRUCTIONS. The following information is important to remember as you complete the form:

1. All persons completing the SF-86 need only provide information back seven (7) YEARS, with the exceptions noted below which require you to provide information going back ten (10) years.

Item 9-Residences
Item 10-Schools
Item 11-Employment
Item 12-References
Item 21-Medical
Item 22-Discharges
Item 23-Police Record
Item 29-Court Actions

2. The SF-86 form may be printed in black ink. Any corrections (scratch through, whiteout, writeovers) must be initialed. Your form will be returned if corrections are not initialed.
3. It is essential that addresses and telephone numbers be complete on the original form, as well as on the additional copies you are asked to supply. That is, street number, street name, city, state and zip code. Telephone numbers must also be complete with area codes. DO NOT abbreviate names of cities, streets, etc. An abbreviation commonly used locally by residents of a city is not necessarily recognizable nationwide.
4. There must be NO GAPS in time in your employment history or listings of the places you have lived for the past ten (10) years. (They really mean this; if the information isn't there, our headquarters will return the forms.) DO NOT FORGET TO INCLUDE ANY PERIODS OF UNEMPLOYMENT along with the name address and telephone number of the person who can verify this.
5. If you really do not know and cannot find the answer to a question, write out "I CANNOT FIND" or a similar message. Otherwise, it appears you forgot the question. **On a separate sheet you must explain why you cannot find this information.**
6. EVEN IF THE SF-86 SAYS YOU MAY LEAVE A CERTAIN QUESTION BLANK, DO NOT! If the question does not apply to you, type in "N/A."
7. Four copies of this form (SF-86) are needed. Each copy must have an original signature on pages 9 and 10.

Attachment sheets should be used to answer completely the information asked for. Be sure to reference each category by its number and name. Also, include your name and social security number on the top of each page. If you wish to complete your continuation sheets on a word processor, please make sure that the printing is dark enough to photocopy.

THE SUPPLEMENTAL INSTRUCTIONS BELOW CORRESPOND TO THE NUMBERED CATEGORIES LISTED ON THE FORM SF-86

ITEM 8 CITIZENSHIP: Include the date (month, day and year), place (city and state) and United States District Court of Naturalization if you are a naturalized citizen.

ITEM 9 WHERE YOU HAVE LIVED: All residences lived in for the past ten (10) years must be listed. If residence is in an apartment complex, the name of the complex and specific apartment number. For residences in the past five (5) years, if the residence is rented or leased, list the name, address and phone number of the owner or manager and the name of the individual in whose name the rental agreement or lease was established. Addresses must be complete including street number, street name, city, state and zip code.

ITEM 10 WHERE YOU WENT TO SCHOOL: List the schools you have attended beyond Junior High School, beginning with the most recent (#1) and working back ten (10) years. If all of your education occurred more than ten (10) years ago, provide the requested information for your last education above high school, no matter when that education occurred. Continue to list all college or university degrees. If a general equivalency diploma was obtained, the state which issued it should be noted. If you attended school within the last three years, list professors, instructors, or others who are familiar with you and provide their complete addresses and phone numbers. List any vocational, professional or technical schools you have attended. List the month and year you began and ended schooling at each educational institution. List degree, diploma, certificate etc., received. If you received no such degree, indicate "NONE." If you did not graduate from high school, list the general type of high school courses that you completed, i.e., commercial, secretarial studies, etc. Include complete addresses for all schools, including street number, street name, city, state and zip code.

ITEM 11 YOUR EMPLOYMENT HISTORY: List all employment in the last ten (10) years, full or part time, in chronological order (starting with current employment). All supervisors must be listed for each employment, including their telephone numbers with area codes. Be sure complete addresses including street number, street name, city, state and zip codes, are provided for each employment and job listed. If employment is with the government or some other large organization show the department, bureau, division and section or specific subdivision. This is particularly important for individuals who have had numerous assignments within the military, government, large corporations or institutions. If you are a member of a military reserve component or National Guard Unit,

list the organization, its location, and name of your immediate superior officer and the officer's telephone number. **INCLUDE ALL PERIODS OF SELF-EMPLOYMENT AND UNEMPLOYMENT.** Provide names, addresses and telephone numbers of persons who can verify all periods of unemployment or self-employment, such as individuals employed by you, landlords, friends, roommates, competitors, or clients.

NOW, DOUBLE CHECK WHEN YOU HAVE FINISHED THIS SECTION to be sure that all periods of time are accounted for during the past ten (10) years, as instructed! DO NOT LEAVE ANY GAPS IN TIME!!!

ITEM 12 PEOPLE WHO KNOW YOU WELL: Three different references, whose combined association with you covers as well as possible the last ten (10) years, must be listed, even though the form only asks for three. Provide complete home or work addresses, (street number, street name, city, state and zip code) and home and business telephone numbers (including area codes) where they can be reached during the day. References should reside in the continental United States. Do not list APO, FPO or Post Office Box addresses.

ITEM 13 YOUR SPOUSE: If your current spouse is foreign-born, PART B OF THE OFI FORM 36 MUST BE COMPLETED. If married, widowed or divorced, give full name, date (month, day and year) and place of birth (city and state) of spouse or former spouse(s). Include wife's maiden name. Give date (month, day and year) and place (city and state) of marriage and divorce.

ITEM 14 YOUR RELATIVES AND ASSOCIATES: If any family members (e.g., your parents, father and mother in-law, siblings, and/or children) or associates are foreign born, OFI FORM 36 MUST BE COMPLETED. For all persons listed, full dates of birth (including month, date and year), places of birth (city and state) and complete addresses including street number, street name, city, state and zip codes should be listed. If relatives or associates reside overseas, indicate if they are with the military. Do not list APO, FPO or Post Office Box addresses.

ITEM 15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES: Complete per this item's directions.

ITEM 16 YOUR MILITARY HISTORY: Complete per this item's directions.

ITEM 17 YOUR FOREIGN ACTIVITIES: Complete per this item's directions.

ITEM 18 FOREIGN COUNTRIES YOU HAVE VISITED: This includes even short trips to Mexico or Canada, but do not duplicate material already included in items 9, 10, and 11. Put in your answer or type "NONE."

ITEM 19 YOUR MILITARY RECORD: Complete per this item's directions.

ITEM 20 YOUR SELECTIVE SERVICE RECORD: If applicable, your selective service registration number must be filled in. You may obtain this number by calling (847) 688-6888.

ITEM 21 YOUR MEDICAL RECORD: Name and address of mental health

professional(s) consulted and the dates for which you were treated, within the last ten (10) years, should be provided.

ITEM 22 YOUR EMPLOYMENT RECORD: Provide information for the last ten (10) years.

ITEM 23 YOUR POLICE RECORD: Provide information for the last ten (10) years. You should attach a separate sheet to provide full details regarding any arrests, charges or convictions. You may omit traffic violations for which you paid a fine of less than \$150 (unless the violation was alcohol or drug related). All other incidents must be included even if they were dismissed or you merely forfeited collateral. For any fines incurred, proof of payment (canceled check or receipt) must be submitted.

ITEM 24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY: Complete per this item's directions.

ITEM 25 YOUR USE OF ALCOHOL: Complete per this item's directions.

ITEM 26 YOUR INVESTIGATIONS RECORD: Complete per this item's directions.

ITEM 27 YOUR FINANCIAL RECORD: Provide information for the last seven (7) years. List any accounts placed for collection, defaults, judgments or repossessions of property due to any financial obligations you may have or had even if you have taken care of them. Provide the complete name and address of the business bringing this action, the date (month, day and year), account number and provide a brief explanation of the circumstances. If you have ever filed for bankruptcy, list the date (month, day and year), location (city and state) or court and number.

ITEM 28 YOUR FINANCIAL DELINQUENCIES: Provide information for the last seven (7) years. List any accounts meeting the criteria in questions A and B even if you have taken care of them. You should provide a brief explanation of the circumstances and, also, evidence that your debts were satisfied or a copy of the agreement you have reached with the creditor(s) to satisfy your debts.

ITEM 29 PUBLIC RECORD CIVIL COURT ACTIONS: Provide information for the last ten (10) years.

ITEM 30 YOUR ASSOCIATION RECORD: Complete per this item's directions.

WHAT IF YOU DO NOT HAVE ALL THE INFORMATION REQUIRED?

It may be that you do not have all addresses, phone numbers, zip codes, etc., which are required. You need to make an effort to get as much of the information as you possible can. Check phone books, zip code directories; call relatives or friends; check your personal papers. If you are still unable to get everything, **DO NOT LEAVE ANY ITEM BLANK OR INCOMPLETE**. Provide an explanation. If the answer to one of the items is "I CANNOT FIND," please indicate such, so the FBI/OPM will know that you did not just forget to complete the item.

If you still have questions related to the completion of the SF-86, please contact your servicing Human Resources Specialist.

YOU MUST SIGN PAGES 9 AND 10 OF THE SF-86 AND ASSURE THAT YOUR ORIGINAL SIGNATURE IS ON THE ADDITIONAL COPIES REQUESTED. ALSO, YOU MUST SIGN THE "AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION" LOCATED AT THE END OF THIS FORM.

Questionnaire for National Security Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 9 and the release on page 10. *If you have any questions, call the office that gave you the form.*

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that military personnel, applicants for or incumbents in national security positions, either employed by the Government or working for Government contractors, licensees, certificate holders, and grantees, are eligible for a required security clearance. Information from this form is used primarily as the basis for investigation for access to classified information or special nuclear information or material. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or security clearance prospects.

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12356; sections 3301 and 9101 of title 5, U.S. Code; sections 2165 and 2201 of title 42, U.S. Code; sections 781 to 887 of title 50, U.S. Code; and parts 5, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Organization of this Form

This form has two parts. Part 1 asks for background information, including where you have lived, gone to school, and worked. Part 2 asks about your activities and such matters as firings from a job, criminal history record, use of illegal drugs, and abuse of alcohol.

In answering all questions on this form, keep in mind that your answers are considered together with the information obtained in the investigation to reach an appropriate adjudication.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST." Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
7. All telephone numbers must include area codes.
8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 8, 1978, should be shown as 6/8/78.
9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

Final Determination on Your Eligibility

Final determination on your eligibility for access to classified information is the responsibility of the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility for a security clearance. Your prospects of placement or

security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a (b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 24, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

Part 1

Investigating Agency Use Only

Codes

Case Number

Agency Use Only (Complete items A through P using instructions provided by the Investigating agency).

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON None At Sol NPI	Other Address	ZIP Code				
L SOI	M Location of Security Folder	None At Sol NPI	Other Address	ZIP Code				
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title	Signature		Telephone Number		Date		

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN." • If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	2 DATE OF BIRTH					
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year
3 PLACE OF BIRTH • Use the two letter code for the State. City				County	State	Country (if not in the United States)
4 SOCIAL SECURITY NUMBER						

5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name[s] by a former marriage, former name[s], alias[es], or nickname[s]). If the other name is your maiden name, put "nee" in front of it.					
#1 Name	Month/Year	Month/Year	To	#3 Name	Month/Year
#2 Name	Month/Year	Month/Year	To	#4 Name	Month/Year
6 OTHER IDENTIFYING INFORMATION					
Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (mark one box)	
				<input type="checkbox"/> Female	<input type="checkbox"/> Male
7 TELEPHONE NUMBERS					
Work (include Area Code and extension)			Home (include Area Code)		
() Day			() Day		
() Night			() Night		

8 CITIZENSHIP Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer Items b and d	b Your Mother's Maiden Name
<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. Answer Items b, c, and d		
<input type="checkbox"/> I am not a U.S. citizen. Answer Items b and e		

c UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.				
Naturalization Certificate (Where were you naturalized?)				
Court	City	State	Certificate Number	Month/Day/Year Issued
Citizenship Certificate (Where was the certificate issued?)				
City	State	Certificate Number	Month/Day/Year Issued	
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States				
Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation		
U.S. Passport				
This may be either a current or previous U.S. Passport.		Passport Number	Month/Day/Year Issued	

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.	Country				
e ALIEN If you are an alien, provide the following information:					
Place You Entered the United States:	City	State	Date You Entered U.S.	Alien Registration Number	Country(ies) of Citizenship
			Month Day Year		

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year #1	To Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number						
Month/Year #2	To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number						
Month/Year #3	To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number						
Month/Year #4	To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number						
Month/Year #5	To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number						

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
		ZIP Code	Telephone Number		
Month/Year #2	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
		ZIP Code	Telephone Number		
Month/Year #3	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
		ZIP Code	Telephone Number		

Enter your Social Security Number before going to the next page



11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. **EXCEPTION:** Show all Federal civilian service, whether it

occurred within the last 7 years or not.

• **Code.** Use one of the codes listed below to identify the type of employment:

- | | | | |
|-----------------------------------|--|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) | 7 - Unemployment (Include name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | | | |
| 3 - U.S.P.H.S. Commissioned Corps | 6 - Self-employment (Include business name and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) | |
| 4 - Other Federal employment | | | |

• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#1 To Present						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						
#2 To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						
#3 To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						

Enter your Social Security Number before going to the next page



YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#4	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#5	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#6	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						

12 PEOPLE WHO KNOW YOU WELL

List **three people** who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

#1	Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night
Home or Work Address		City (Country)	State ZIP Code
#2	Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night
Home or Work Address		City (Country)	State ZIP Code
#3	Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night
Home or Work Address		City (Country)	State ZIP Code

Enter your Social Security Number before going to the next page →

13 YOUR SPOUSE

Mark one box to show your current marital status and provide information about your spouse(s) in items a, and/or b.

1 - Never married	3 - Separated	5 - Divorced
2 - Married	4 - Legally Separated	6 - Widowed

a Current Spouse Complete the following about your current spouse only.

Full Name		Date of Birth	Place of Birth (Include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)				Country(ies) of Citizenship
Date Married	Place Married (Include country if outside the U.S.)			State
If Separated, Date of Separation	If Legally Separated, Where is the Record Located? City (Country)			State
Address of Current Spouse, if different than your current address (Street, city, and country if outside the U.S.)				State ZIP Code

b Former Spouse(s) Complete the following about your former spouse(s), use blank sheets if needed.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
Country(ies) of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
Check One, Then Give Date <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Month/Day/Year	If Divorced, Where is the Record Located? City (Country)	State
Address of Former Spouse (Street, city, and country if outside the U.S.)		State	ZIP Code Telephone Number

14 YOUR RELATIVES AND ASSOCIATES

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- | | | | | |
|------------------------------|-----------------------------------|-------------------|--------------------|--------------------------------------|
| 1 - Mother (<i>first</i>) | 5 - Foster parent | 9 - Sister | 13 - Half-sister | 17 - Other Relative* |
| 2 - Father (<i>second</i>) | 6 - Child (<i>adopted also</i>) | 10 - Stepbrother | 14 - Father-in-law | 18 - Associate* |
| 3 - Stepmother | 7 - Stepchild | 11 - Stepsister | 15 - Mother-in-law | 19 - Adult Currently Living With You |
| 4 - Stepfather | 8 - Brother | 12 - Half-brother | 16 - Guardian | |

* Code 17 (Other Relative)-include only foreign national relatives not listed in 1-16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

[illegible]

Enter your Social Security Number before going to the next page

15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (*this information is needed to pair it accurately with information in items 13 and 14*).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

1. **Naturalization Certificate:** Provide the date issued and the location where the person was naturalized (Court, City and State).
2. **Citizenship Certificate:** Provide the date and location issued (City and State).

3. **Alien Registration:** Provide the date and place where the person entered the U.S. (City and State).
4. **Other:** Provide an explanation in the "Additional Information" block.

#1 Association	Name	Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information
#2 Association	Name	Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information

16 YOUR MILITARY HISTORY

Yes	No

- a Have you served in the United States military?
- b Have you served in the United States Merchant Marine?

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- **Code.** Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

- **O/E.** Mark "O" block for Officer or "E" block for Enlisted.

- **Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.

- **Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	O	E	Active	Active Reserve	Inactive Reserve	National Guard (State)	Country
To										
To										

17 YOUR FOREIGN ACTIVITIES

Yes	No

- a Do you have any foreign property, business connections, or financial interests?
- b Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?
- c Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)
- d In the last 7 years, have you had an active passport that was issued by a foreign government?

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
To			
To			

18 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years.

☒ **Travel as a dependent or contractor must be listed.**

Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other

- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

- Do not repeat travel covered in items 9, 10, or 11.

#1	Month/Year	Code	Country	#3	Month/Year	Code	Country
To				To			
#2	To			#4	To		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Part 2

OFFICIAL
USE
ONLY

19 YOUR MILITARY RECORD

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

Month/Year _____ Type of Discharge _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

20 YOUR SELECTIVE SERVICE RECORD

a Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.

b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Registration Number _____ Legal Exemption Explanation _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

21 YOUR MEDICAL RECORD

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year _____ Name/Address of Therapist or Doctor _____
To _____
To _____

State _____ ZIP Code _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

22 YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Use the following codes and explain the reason your employment was ended:

1 - Fired from a job
2 - Quit a job after being told
you'd be fired

3 - Left a job by mutual agreement following allegations of misconduct
4 - Left a job by mutual agreement following allegations of
unsatisfactory performance

5 - Left a job for other reasons
under unfavorable circumstances

Month/Year _____ Code _____ Specify Reason _____ Employer's Name and Address (Include city/Country if outside U.S.) _____

State _____ ZIP Code _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

23 YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

a Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)

b Have you ever been charged with or convicted of a firearms or explosives offense?

c Are there currently any charges pending against you for any criminal offense?

d Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

e In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)

f In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year _____ Offense _____ Action Taken _____ Law Enforcement Authority/Court (Include City and county/country if outside U.S.) _____

State _____ ZIP Code _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Enter your Social Security Number before going to the next page



24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY	Yes	No
<p>The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.</p> <p>a Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?</p> <p>b Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?</p> <p>c In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?</p> <p>If you answered "Yes" to a or b above, provide the dates(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
To			
To			

25 YOUR USE OF ALCOHOL	Yes	No
<p>In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?</p> <p>If you answered "Yes", provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	ZIP Code
To				
To				

26 YOUR INVESTIGATIONS RECORD	Yes	No																								
<p>a Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.</p> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <p>Codes for Investigating Agency</p> <p>1 - Defense Department 2 - State Department 3 - Office of Personnel Management</p> </div> <div> <p>4 - FBI 5 - Treasury Department 6 - Other (Specify)</p> </div> <div> <p>Codes for Security Clearance Received</p> <p>0 - Not Required 1 - Confidential 2 - Secret</p> </div> <div> <p>3 - Top Secret 4 - Sensitive Compartmented Information 5 - Q</p> </div> <div> <p>6 - L 7 - Other</p> </div> </div> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 10%;">Month/Year</th> <th style="width: 10%;">Agency Code</th> <th style="width: 20%;">Other Agency</th> <th style="width: 10%;">Clearance Code</th> <th style="width: 10%;">Month/Year</th> <th style="width: 10%;">Agency Code</th> <th style="width: 20%;">Other Agency</th> <th style="width: 10%;">Clearance Code</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.</p>	Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code																	<input type="checkbox"/>	<input type="checkbox"/>
Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code																			

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

27 YOUR FINANCIAL RECORD	Yes	No
<p>a In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?</p> <p>b In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?</p> <p>c In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?</p> <p>d In the last 7 years, have you had any judgments against you that have not been paid?</p>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

Enter your Social Security Number before going to the next page →

28 YOUR FINANCIAL DELINQUENCIES	Yes	No
a In the last 7 years, have you been over 180 days delinquent on any debt(s)?		
b Are you currently over 90 days delinquent on any debt(s)?		

If you answered "Yes" to a or b, provide the information requested below:

Incurred Month/Year	Satisfied Month/Year	Amount	Type of Loan or Obligation and Account Number	Name/Address of Creditor or Obligor	State	ZIP Code

29 PUBLIC RECORD CIVIL COURT ACTIONS	Yes	No
In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?		

If you answered "Yes," provide the information about the public record civil court action requested below.

Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court (Include City and county/country if outside U.S.)	State	ZIP Code

30 YOUR ASSOCIATION RECORD	Yes	No
a Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?		
b Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?		

If you answered "Yes" to a or b, explain in the space below.

Continuation Space

Use the continuation sheet(s) (SF 86A) for additional answers to items 9, 10, and 11. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the item.

After completing Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 10.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)	Date
-------------------------	------

Enter your Social Security Number before going to the next page



UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink)		Full Name (Type or Print Legibly)		Date Signed
Other Names Used		Social Security Number		
Current Address (Street, City)	State	ZIP Code	Home Telephone Number (Include Area Code)	

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I **hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)	Date Signed
Other Names Used		Social Security Number
Current Address (<i>Street, City</i>)	State ZIP Code	Home Telephone Number (<i>Include Area Code</i>)

CONTINUATION SHEET FOR QUESTIONNAIRES SF 86, SF 85P, AND SF 85

For use with the SF 86, Questionnaire for National Security Positions;
SF 85P, Questionnaire for Public Trust Positions;
and SF 85, Questionnaire for Non-Sensitive Positions

INSTRUCTIONS: Use this form to continue your answers to "Where You Have Lived", "Where You Went To School", and/or "Your Employment Activities." Follow the instructions on the form for the particular questions you are answering and give information in the same sequence. Use as many continuation sheets as needed.

Your Name	Your Social Security Number
------------------	------------------------------------

WHERE YOU HAVE LIVED (Continued)

#1	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knew You	Street Address	Apt.#	City (Country)	State ZIP Code Telephone Number
#2	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knew You	Street Address	Apt.#	City (Country)	State ZIP Code Telephone Number
#3	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knew You	Street Address	Apt.#	City (Country)	State ZIP Code Telephone Number
#4	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knew You	Street Address	Apt.#	City (Country)	State ZIP Code Telephone Number
#5	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knew You	Street Address	Apt.#	City (Country)	State ZIP Code Telephone Number

WHERE YOU WENT TO SCHOOL (Continued)

#1	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
			Street Address and City (Country) of School			
			Name of Person Who Knew You	Street Address	Apt.#	City (Country) State ZIP Code Telephone Number
#2	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
			Street Address and City (Country) of School			
			Name of Person Who Knew You	Street Address	Apt.#	City (Country) State ZIP Code Telephone Number
#3	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
			Street Address and City (Country) of School			
			Name of Person Who Knew You	Street Address	Apt.#	City (Country) State ZIP Code Telephone Number

YOUR EMPLOYMENT ACTIVITIES (Continued)

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					

Enter your Social Security Number before going to the next page →

Standard Form 86A (Back)

September 1995

Declaration for Federal Employment

INSTRUCTIONS

The information collected on this form is used to determine your acceptability for Federal employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process.

Follow instructions that the agency provides. If you are selected, you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true before you are appointed.

Your Social Security Number is needed to keep our records accurate, because people may have the same name and birthdate. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However,

if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

You must answer all questions truthfully and completely. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

Either type your responses to this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"), including your name, Social Security Number, and item number on each sheet. It is recommended that you keep a photocopy of your completed form for your records.

Declaration for Federal Employment

Form Approved:
O.M.B. No. 3206-0182
50306-101

GENERAL INFORMATION

1 FULL NAME



2 SOCIAL SECURITY NUMBER



3 PLACE OF BIRTH (Include City and State or Country)



4 DATE OF BIRTH (MM/DD/YY)



5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)



6 PHONE NUMBERS (Include Area Codes)

DAY

NIGHT

MILITARY SERVICE

7 Have you served in the United States Military Service? *If your only active duty was training in the Reserves or National Guard, answer "NO".*

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES", list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.

BRANCH	FROM	TO	TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 8, 9, and 10, your answers should include convictions resulting from a plea of nolo contendere (*no contest*), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

8 During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

9 Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) *If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*

10 Are you now under charges for any violation of law? *If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*

11 During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? *If "Yes", use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.*

12 Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "Yes", use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.*

ADDITIONAL QUESTIONS

13 Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "Yes", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.*

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

14 Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

CONTINUATION SPACE / AGENCY OPTIONAL QUESTIONS

- 15** Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

CERTIFICATIONS / ADDITIONAL QUESTION

APPLICANT: If you are applying for a position and have not yet been selected, Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

APPOINTEE: If you are being appointed, Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17.

16 I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

16a Applicant's Signature ►
(Sign in ink)

Date ►

16b Appointee's Signature ►
(Sign in ink)

Date ►

APPOINTING OFFICER: Enter Date
of Appointment or Conversion
►

- 17** **Appointee Only (Respond only if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

17a When did you leave your last Federal job? _____

17b When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? _____

17c If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No," use item 15 to identify the type(s) of insurance for which waivers were not cancelled. _____

Date (MM/DD/YY)		
Yes	No	Don't Know

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, and 8716 of title 5 of the U.S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, D.C. 20415.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceeding where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognition and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives,

the Federal Acquisitions Institute, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.

PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

■ The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.

■ We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight; other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.

■ If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.

■ We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations including news media that grant or publicize employee recognition and awards; and the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations

Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.

■ We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.

■ We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.

■ Send your application to the agency announcing the vacancy.

GENERAL INFORMATION

You may apply for most Federal jobs with a resume, the attached *Optional Application for Federal Employment* or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.

- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at **912-757-3000**, **TDD 912-744-2299**, by computer modem **912-757-3100**, or via the Internet (Telnet only) at **FJOB.MAIL.OPM.GOV**.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1 Job title in announcement	2 Grade(s) applying for	3 Announcement number
4 Last name	First and middle names	5 Social Security Number
6 Mailing address		7 Phone number (include area code)
City	State	ZIP Code
		Daytime
		Evening

WORK EXPERIENCE

8 Describe your paid and nonpaid work experience related to the job for which you are applying. Do not attach job descriptions.

1) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
Employer's name and address				Supervisor's name and phone number
Describe your duties and accomplishments				

2) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
Employer's name and address				Supervisor's name and phone number
Describe your duties and accomplishments				

- 9 May we contact your current supervisor?
YES [] NO [] ▶ If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

- 10 Mark highest level completed. Some HS [] HS/GED [] Associate [] Bachelor [] Master [] Doctoral []
- 11 Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

- 12 Colleges and universities attended. Do not attach a copy of your transcript unless requested.

	Name	City	State	ZIP Code	Total Credits Earned		Major(s)	Degree - Year (if any) Received
					Semester	Quarter		
1)								
2)								
3)								

OTHER QUALIFICATIONS

- 13 Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). Job-related certificates and licenses (current only). Job-related honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do not send documents unless requested.

GENERAL

- 14 Are you a U.S. citizen? YES [] NO [] ▶ Give the country of your citizenship. _____
- 15 Do you claim veterans' preference? NO [] YES [] ▶ Mark your claim of 5 or 10 points below.
5 points [] ▶ Attach your DD 214 or other proof. 10 points [] ▶ Attach an Application for 10-Point Veterans' Preference (SF 15) and proof required.
- 16 Were you ever a Federal civilian employee? NO [] YES [] ▶ For highest civilian grade give: Series Grade From (MM/YY) To (MM/YY)
- 17 Are you eligible for reinstatement based on career or career-conditional Federal status? NO [] YES [] ▶ If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

- 18 I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE _____

DATE SIGNED _____

PRIVACY ACT PROTECTED INFORMATION

(When Completed)

**United States Department of Justice
Disclosure and Authorization Pertaining to Consumer Reports
Pursuant to the Fair Credit Reporting Act**

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for employment or in the course of your employment with the Department. One or more reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention, or access to classified information.

I, _____, hereby authorize the Department of Justice to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

Signature

Date

Social Security Number

Current Organization Assigned

UNITED STATES ATTORNEY'S OFFICE
SOUTHERN DISTRICT OF NEW YORK

CERTIFICATION FOR A NON-SENSITIVE POSITION

(Note: Can only be used for a position outside the Strike Force or Drug Task Force)

TO: Assistant Director, Personnel Staff
Executive Office for United States Attorneys

This certification constitutes a mutual understanding between the:

SOUTHERN DISTRICT OF NEW YORK and
(District)

_____ that he/she will be placed
(Employee)

in a non-sensitive position. The employee will not have access to sensitive material. It is understood by all parties to this certification that the employee:

Understands that he/she will not be permitted to receive, handle in any way, or have direct or indirect access to, or knowledge of, any classified material, or, other than under the direct supervision of an Assistant United States Attorney, to any sensitive investigative material. Also, the employee acknowledges that he/she will inform any person who should begin to divulge such classified material, or, except under the direct supervision of an AUSA, any sensitive investigative material, to him/her that he/she is not cleared or permitted to be privy to such material.

The appointment duration involved in this certification commences on or about _____ and will end on or about _____. (For temporary positions only)

I agree and understand all conditions that are set forth above:

United States Attorney or Designated Representative

Date

Employee

Date

**SINGLE SCOPE BACKGROUND INVESTIGATIONS
AND OTHER BACKGROUND INVESTIGATIONS**

Part A

IMMEDIATE FAMILY MEMBERS WHO ARE RESIDENT ALIENS OR U.S. CITIZENS OTHER THAN BY BIRTH (Question #17, SF 86). Provide information if your parent (s), brother(s), sister (s), and/or child(ren) is/are foreign-born. Use the same relation code below as that shown on the SF 86. If you have more than one foreign-born immediate family member of the same category, list each person's name after the code (e.g., #8 Joseph). If any citizenship is derivative, show the parent(s) from whom the citizenship was derived, their date and place of entry into the U.S. and citizenship data. Use a separate sheet of paper if additional space is required.

1. Relation Code for Each	2. Alien Registration or Naturalization Certificate Number	3. Date of Citizenship

Part B

SPOUSE (Question #18, SF 86). Provide information if your current spouse is foreign-born. If any citizenship is derivative, show the parent(s) from whom the citizenship was derived, their date and place of entry into the U.S., and citizenship data. Use separate sheet of paper for additional space.

1. Name	2. Alien Registration or Naturalization Certificate Number	3. Date of Citizenship

Part C

PERSONS SHARING LIVING QUARTERS AND OTHERS (Question #19, SF 86). Under certain clearance requirements, you are asked to provide data, regardless of citizenship status, for: (1) cohabitants; and (2) any other persons to whom you are bound by affection or obligation who may be subject to duress by a foreign power. For those foreign-born listed on SF 86, you need to provide information not previously provided. Include aliases, former married names, and maiden name (show "NEE:" in front of maiden name). For additional space, use separate sheet and same number format.

a. Name of Person (Last, first, middle)		1. Other name Used (Last, first, middle, and dates used)		
2. Date of Birth	3. Place of Birth (Include country if outside the U.S.)	4. Social Security Number	5. Date of Citizenship	
6. Alien or Naturalization (if citizenship is derivative, show the parent (s) from whom the citizenship was derived, their date and place of entry into the U.S. and citizenship data)				
b. Name of Person (Last, first, middle)		1. Other name Used (Last, first, middle, and dates used)		
2. Date of Birth	3. Place of Birth (Include country if outside the U.S.)	4. Social Security Number	5. Date of Citizenship	
6. Alien or Naturalization (if citizenship is derivative, show the parent (s) from whom the citizenship was derived, their date and place of entry into the U.S. and citizenship data)				

1. Name of Subject of Investigation (last, first, middle)	2. Social Security Number
---	---------------------------

Foreign National Relatives or Associates:

Please describe the nature, frequency, and degree of your contact with the foreign national relatives/associates you listed on your standard security questionnaire:

<u>Name of Relative</u>	<u>Nature, Frequency and Degree of Contact</u>
-------------------------	--

Certification:

I hereby certify that I will notify the Department of Justice Security Officer if, for any reason, my relatives or associates are used in an effort to coerce, influence, or pressure me to act in a manner contrary to the best interests of the national security.

Signature

Date

Print Name